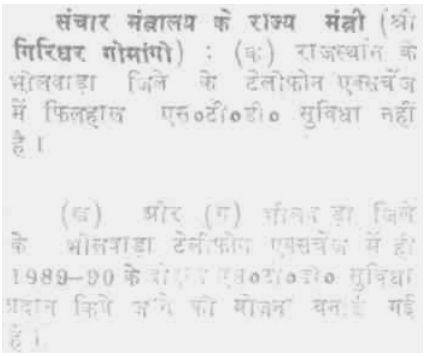

संचार मंत्रालय के राज्य मंत्री (श्री गिरिधर गोमांगो) : (क) राजस्थान के भीलवाड़ा जिले के टेलीफोन एक्सचेंज में फिलहाल एस०टी०डी० सुविधा नहीं है।

(ख) और (ग) भीलवाड़ा जिले के भीलवाड़ा टेलीफोन एक्सचेंज में हो 1989-90 के दौरान एस०टी०डी० सुविधा प्रदान किये जाने की योजना बनाई गई है।

Leave encashment benefit to Kama taka Govt. Employees

740. SHRI M.S. GURUPADASWAMY : Will the* PRIME MINISTER be pleased to state 1

(a) whether it is a factthat leave encashme

(b) if so,, the reasons for not giving leave encashment salary to Class III, and all other employees ; and

(c) whether Government would take steps to extend leave encashment benefit to all Karnataka Government employees?

THE MINISTER OF STATE IN THE MINISTRY OF PERSONNEL, PUBLIC GRIEVANCES AND PENSIONS AND THE MINISTER OF STATE IN THE MINISTRY OF HOME AFFAIRS (SHRI P. CHIDAMBARAM) : (a) to (©) All employ.es o[p] the Govt. of Karnataka are eligible for tne encashment of leave. However, the payment towards encashment of leave for the current block has been staggered over a period of eleven months from May, 1989 to April, 1990 . The staggering is however, relaxed in respect of group C & D employees.

Availability of drags for T .B. Cure

741. SHRI BEKAL UTSAHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) what steps have been taken by Government to make available antii-T.B. drugs in large quanitjes in the hospitals ;

(b) wnether it is a fact that the availability of tfie relevant drug can be increased within the same budget by importing Rifampicin and having the tablets punched within the couutry for the requirements of Ministry of Health and Family Welfare ;

fc) whether it is a fact that within the same budget availability wouk' be about 35% more on account of vast difference between tne import price and the domestic prices ; and

(d) whether it is also a fact that tiiis is likely to save foreign exchange for the country?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI RAFIQUE ALAM): (a) Under National Tuberculosis Control Programme, anti-T.B. drugs are supplied to T.B. Centres run by State/UT Govern-, ments and selected TB clinics run by Voluntary Organisations for treatment of T.B. patients, free of cost on dorriciliaiy rasis . During the 7th .Five Year Plan, considerable increa[e] in the budget allocation ha" been made for adequate supply of anti TB. drug? to States/UTs and Voluntary bodies[v]

(h) to (d) Ministry of Health has no authentic information to subscribe to this view point. Tne Government is encouraging indigenous production of Rifampicin for self sufficiency.